



INTERNAL MANAGEMENT POLICY & PROCEDURE


Applicability: _ ADULT Operations Only _ JUVENILE Operations Only _ DEPARTMENT-WIDE

IMPP #: 16-101D

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HEALTH CARE SERVICES: Non-Essential Medical Services and Procedures for Residents

Original Date Issued: 11-01-21 Replaces IMPP Issued: N/A CURRENT EFFECTIVE DATE: 11-01-21

Approved By:  , Secretary **Next Scheduled Review: 09/2023**

POLICY

The contracted health services provider is to have a policy and procedure in place that guides decisions on elective surgery to correct a substantial functional deficit or when an existing pathological process threatens the well-being of residents over a period of time.

The contracted health services provider is to provide medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) when the physical and behavioral health of the patient would otherwise be adversely affected, as determined by the responsible physician or dentist.

DEFINITIONS

Aids to Impairments: Devices such as eyeglasses, hearing aids, canes, crutches, and wheelchairs that enhance or restore physical function.

Director of Health Care Compliance: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Health Care Practitioner: A person who has met the requirements of and is engaged in the practice of medicine, dentistry, or nursing.

Health Services Administrator (HSA): The individual responsible for ensuring the organization and delivery of all levels of quality accessible health services in the facility. The HSA works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Intractable Pain: Pain, which is resistant to care, relief, or control.

Orthotic Devices: Specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.

Prosthetic devices: An artificial device to replace missing body parts or compensate for defective bodily functions such as teeth, eyes, limbs, or heart valves.

Regional Dental Director: Responsible for the clinical supervision of all facility dentists and dental health care personnel within the facilities. The Regional Dental Director is responsible to the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC Resident population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Site Medical Director: The Physician at each site who serves as the clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

PROCEDURES

I. Determination of Non-Essential Medical Services

- A. All serious health needs are to be considered a priority and are such that delay in care could cause irreparable harm, excessive risk of further serious deterioration of the condition, result in intractable, significant pain or discomfort, or would prevent or reduce the chance for repair and or resolution upon the patient's release. Care for serious health conditions is to be rendered in a timely fashion in accordance with sound medical principals and community standards.
- B. Non-essential health services or elective procedures are not to be routinely provided. However, the health care contractor is to consider care for non-essential services on a case-by-case basis through an appropriate review process that considers the patient's overall physical and behavioral health, quality of life, as well as rehabilitative potential.
 - 1. Examples of non-essential medical procedures include but are not limited to:
 - a. Sterilization;
 - b. Routine hernia repair (uncomplicated);
 - c. Tattoo removal;
 - d. Elective circumcision;
 - e. Medical, pharmaceutical, or cosmetic experiments;
 - f. Surgical repair of orthopedic conditions existing prior to incarceration which are not currently symptomatic; and,
 - g. Reparative/restorative or cosmetic surgery when the deformity does not affect function and existed prior to incarceration. Reparative/restorative surgery may be performed to improve function and general appearance when the deformity has occurred during incarceration.

II. Special Considerations

- A. Special consideration of recommendations made by the sentencing court to provide non-essential medical services is to be referred to the Director of Health Care Compliance and the Regional Medical Director. The recommendations are to be reviewed and considered for approval when the procedure is deemed to be in the rehabilitative interest of the resident, or if the health of the resident would otherwise be adversely affected.

III. Orthotic/Prosthetic Devices and Aids to Impairment

- A. The health services vendor is to provide orthoses, prosthetic devices, and other aids to impairment in a timely manner when the health of the patient would otherwise be adversely affected, and the disposition of such requests is to be documented in the health record. Receipt of such appliances is to be completed upon issuance to the resident on forms developed by the health care vendor, maintained in the health record, and provided to the property officer and other operational staff as indicated for safety and security. These devices or aids include, but are not limited to:

1. Eyeglasses;
 2. Hearing Aids;
 3. Dentures or other dental appliances;
 4. Eye prosthetic implants;
 5. Limb and extremity replacements; and,
 6. Specialized mechanical devices used to support an orthopedic condition.
- B. Alternatives are to be considered when the recommended aid to impairment is contraindicated for security concerns while meeting the health care needs of the patient.

IV. Utilization Management

- A. Each step of the utilization management process is to be documented in the electronic health record.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

ACI 4-4398, 4-4375
JCF 4-JCF-4C-11
NCCHC P-G10; Y-G-10

HISTORY

11-01-21 Original

ATTACHMENTS

None.